

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE						
							APPLICANT(S)								
							CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
1	1		1		1		51	1		51			51		
2		1		1		1	52		1	52			52		
3						1	53		1	53			53		
4						1	54		1	54			54		
5						1	55		1	55			55		
6						1	56	1		56			56		
7						1	57		1	57			57		
8						1	58		1	58			58		
9						1	59		1	59			59		
10						1	60	1		60			60		
11						1	61		1	61			61		
12						1	62		1	62			62		
13						1	63		1	63			63		
14						1	64	1		64			64		
15						1	65		1	65			65		
16						1	66		1	66			66		
17						1	67		1	67			67		
18						1	68		1	68			68		
19						1	69		1	69			69		
20						1	70		1	70			70		
21						1	71		1	71			71		
22						1	72		1	72			72		
23						1	73		1	73			73		
24						1	74		1	74			74		
25						1	75		1	75			75		
26						1	76		1	76			76		
27						1	77		1	77			77		
28						1	78		1	78			78		
29						1	79		1	79			79		
30						1	80		1	80			80		
31						1	81		1	81			81		
32						1	82		1	82			82		
33						1	83		1	83			83		
34						1	84		1	84			84		
35						1	85		1	85			85		
36						1	86		1	86			86		
37						1	87		1	87			87		
38						1	88		1	88			88		
39						1	89		1	89			89		
40						1	90		1	90			90		
41						1	91		1	91			91		
42	1					1	92		1	92			92		
43		1				1	93		1	93			93		
44			1			1	94		1	94			94		
45				1		1	95		1	95			95		
46					1	1	96		1	96			96		
47					1	1	97		1	97			97		
48					1	1	98		1	98			98		
49					1	1	99		1	99			99		
50					1	1	100		1	100			100		
TOTAL IND.							TOTAL IND.	4					TOTAL IND.	4	
TOTAL DEP.							TOTAL DEP.	4					TOTAL DEP.	4	
TOTAL CLAIMS							TOTAL CLAIMS	65					TOTAL CLAIMS	65	